

WRITE PLAINLY WITH UNFADING INK—THIS PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN
shall be made for each, and the number of each in
order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 416

Registered No. 86

1. PLACE OF BIRTH

County Marcopa

State

District or Township

or Village

City Peoria

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Neil Charles McLeod

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month Day Year

Male

5. No., in order of birth

yes

Aug 25: 28

8.

FATHER

Full name

Walter S. McLeod

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Peoria

10. Color or race

White

11. Age at last birthday 42 (Years)

12. Birthplace (city or place)

(State or country)

Summerville
Org.

13. Occupation

Nature of industry

Farmer

14.

MOTHER

Full maiden name

Xora. Dorian

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Peoria

16. Color or race

White

17. Age at last birthday 34 (Years)

18. Birthplace (city or place)

(State or country)

Law. S. Tex.
Texas

19. Occupation

Nature of industry

House wife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive
(Born alive or stillborn)

at 9:30 P. m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

D. S. Dorian M.D.

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address

Registrar.

Filed

8-28

19

28

A. E. Haage
Registrar.

544-825-945